

Chart notes

Patient name: _____

Clinician: _____

Date of appointment: _____

Reason for appointment: _____

Right fitting

Depth of device (mm) Current: _____ Inserted: _____

Ear Cleaned: Y / N Lubrication used: _____

Place sticker for right device here

Left fitting

Depth of device (mm) Current: _____ Inserted: _____

Ear Cleaned: Y / N Lubrication used: _____

Place sticker for left device here

Notes: _____

Clinician: _____

Date of appointment: _____

Reason for appointment: _____

Right fitting

Depth of device (mm) Current: _____ Inserted: _____

Ear Cleaned: Y / N Lubrication used: _____

Place sticker for right device here

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Left fitting

Depth of device (mm) Current: _____ Inserted: _____

Ear Cleaned: Y / N Lubrication used: _____

Place sticker for left device here

Notes: _____